STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202

## APPLICATION TO BE PLACED ON A QUALIFYING APPROVED LEAVE OF ABSENCE

FOR RETIREMENT USE ONLY FORM-046 (REV. 12/04)

IM	PORTANT: FILE THIS FORM BEFORE GOING ON LEAVE OF ABSENCE. TYPE OR PRI	NT IN INK. KEEP THE APPLICANT'S COPY AND
NE	SEND THE OTHER COPIES TO YOUR RETIREMENT COORDINATOR. ED HELP TO COMPLETE THIS FORM? CALL A RETIREMENT COUNSELOR AT 410-6:	25-5555 OR 1-800-492-5909.
APPLICANT'S SOCIAL SECURITY NUMBER		
L	PLICANT'S NAME	
L	First Initial Last	
HO I	MEADDRESS	
Nu	mber and Street	
I		
Cit	y	State Zip Code
TYPE OF QUALIFYING LEAVE: (Check One)  TERM OF LEAVE (MAXIMUM 2 YRS.)		
	Personal Illness FROM	-       -
	Maternity (including Adoption)	onth Day Year
	Service that is Government sponsored and/or subsidized (Attach explanation of leave)	
		onth Day Year
	Study	
1)	I understand that I may obtain credit for my employer approved leave of absence if it does not last longer than two (2) years.	t is for any of the reasons listed above and it
2)	In return for the membership service credit, I agree to pay any retirement contribution in active employment for the term of the leave of absence.	ns which would have been due had I remained
Ме	mber's Signature Date S	Signed
NC	TIFICATION OF ENTRY ON ACTIVE DUTY MILITARY SERVICE:	
	I will report for active duty military service on	onth Day Year
1)	1) I understand that I am not entitled to disability or other benefits for injuries received while I am on active duty military service.	
2)	I also understand that my beneficiary(ies) or estate is not entitled to benefits if I die v	while on active duty military service.
3)	If I return to my job within one (1) year of release from active duty without accepting the retirement or pension system and, upon application, receive membership credit	other permanent work, I will be reinstated in for the term of my active duty military service.
Member's Signature Date Signed		
RI	ETIREMENT COORDINATOR COMPLETES THIS SECTION	FOR RETIREMENT USE ONLY
IN	DICATE SYSTEM:	3 1 4 A L
()	TEACHERS' RETIREMENT PLAN () TEACHERS' PENSION PLAN () JUDICIAL PLAN EMPLOYEES' RETIREMENT PLAN () EMPLOYEES' PENSION PLAN () STATE POLICE OTHER (DESIGNATE)	Code Status
	eave was approved on:	REVIEWED BY:
Āg	gency Name EMPLOYING AGENCY CODE	Initials & Date